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100 FEB 20 P 12:44

Docket No.

CHIEF CLERK'S OFFICE
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

NORVERGENCE, INC.

Application for a certificate of long distance and :
local exchange authority to operate as a reseller & :
facilities based provider of local exchange :
telecommunications services in the State of Illinois. :

03-0108

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

5. Applicant's Name (including d/b/a, if any)
NorVergence, Inc.

FEIN # 753068888

Address: Street 550 Broad Street, 3rd Floor

City Newark

State/Zip NJ 07102

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange
☒ 13-404 Resale of Local and/or Interexchange
☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority waivers of Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

☐ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

☒ Section 735.180 Directories

☒ Other **See Attachment A for waivers requested.**

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following: **See Attachment B.**
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (c) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service.
Statewide
6. Please attach a sheet designating contact persons to work with Staff on the following:
- a. issues related to processing this application
 - b. consumer issues
 - c. customer complaint resolution
 - d. technical and service quality issues
 - e. "tariff" and pricing issues
 - f. 9-1-1 issues
 - g. security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address. **See Attachment C**

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed **September 10, 2001**
In what state? **New Jersey**
☐ Other (Specify) _____

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See Attachment D.**
9. List jurisdictions in which Applicant is offering service(s).

Applicant currently provides long distance services in New Jersey.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

___ YES X NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? X YES ___ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. See Attachment E.

15. List officers of Applicant.

Peter J. Salzano, CEO

Albert Collier, Secretary

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ___ YES X NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill customers monthly. Each bill will contain all of the information and notices required by 83 Ill. Adm. Code § 235.70 and all other information required by Part 235.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Customers may call customer service at 1-866-740-6678 to submit complaints, or they may do so in writing and mail to NorVergence, Inc. 550 Broad Street, 3rd Floor, Newark, NJ 07102. Customer service personnel handle complaint resolution. Any written complaints received at the office are maintained at the home office by management. The company contracts with the incumbent carriers for service and repairs. Repair complaints will be reported immediately to Ameritech through the service problem-reporting interface. Incumbent carrier personnel will provide Service for the Company's customers and our customers will receive service at least equal to that of incumbent carrier customers. Most customer inquiries or complaints are resolved during the customer's initial phone call. Issues that are not resolved are referred to a customer service manager. The manager then reviews the complaint and conducts further investigation if needed. The manager responds to the customer by phone within a week. If the resolution is negative to the customer, the customer may escalate the issue to the company's overall Customer Service Manager and an answer is provided to the customer by the next day. If the resolution is negative to the customer, the customer is informed of the address and phone number of the Commission's Consumer Affairs Division.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

866-740-6678

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Customers subscribe to the company's services with a written letter of agency and service agreement. The company requires all of its sales representatives and distributors to comply with all federal and state regulations regarding slamming and cramming. Any instances of non-compliance are thoroughly investigated and appropriate action taken. The company has never had any complaints regarding slamming or cramming.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☒ * YES ☐ NO (If no, please provide an explanation.)

*except for the waivers requested

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. See Attachment F.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Ameritech, Verizon, & Qwest

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

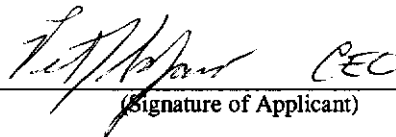
Long distance services include but are not limited to inbound and outbound services, calling card services, directory assistance, integrated voice and data services, and other services available to the company for resale. Local exchange services including basic local exchange service, dial tone, integrated voice and data services, directory assistance, and other services available to the company. The company also plans to resell UNE-P services of Ameritech and Verizon.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

☐ YES ☒ NO

 CEO

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of New Jersey)


)ss

County of Essex)

Peter J. Salzano makes oath and says that he is CEO
(Insert here the name of affiant) (Insert the official title of the affiant)

of NorVergence, Inc.
(Insert here the exact legal title or name of the Applicant)

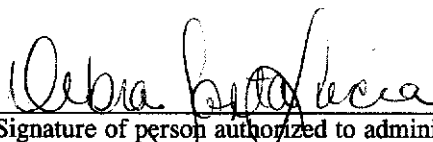
that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public

(Title of person authorized to administer oaths)

in the State and County above named, this 14th day of January 2003


(Signature of person authorized to administer oath)

DEBRA A. SANTA LUCIA
NOTARY PUBLIC OF NEW JERSEY
COMMISSION EXPIRES 4/2008

EXHIBITS

	<u>EXHIBIT</u>
Waiver Requests	A
Appendices A, B, and C	B
Staff Contacts	C
Corporate Documents	D
Key Management Personnel	E
Financial Information	F
Chart of Accounts	G
ITAC and UTAC Membership Application And Agreement	H